



03500.016243

PATENT APPLICATION

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: D. Meyer
KAZUO FUJIBAYASHI et al.)	
	:	Group Art Unit: 2878
Application No.: 10/084,928)	
	:	Confirmation No.: 7120
Filed: March 1, 2002)	
	:	
For: IMAGE READING IMAGING)	July 22, 2004
OPTICAL SYSTEM AND IMAGE	:	
READING APPARATUS USING)	
THE SAME	:	

MAIL STOP AMENDMENT
Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated April 22, 2004, Applicants respectfully submit the following amendments and remarks.

07/23/2004 EABUBAK1 00000036 10084928

01 FC:1201 172.00 OP

Repln. Ref: 07/23/2004 EABUBAK1 0008133300
DAH:061205 Name/Number:10084928
FC: 9204 \$4.00 CR



In re Application of:

KAZUO FUJIBAYASHI et al.

Application No.: 10/084,928

Filed: March 1, 2002

For: IMAGE READING IMAGING OPTICAL SYSTEM
AND IMAGE READING APPARATUS USING
THE SAME

Docket No. 03500.016243

Examiner: D. Meyer

Group Art Unit: 2878

Confirmation No.: 7120

Date: July 22, 2004

MAIL STOP AMENDMENT
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ An additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	54	MINUS	80	0	x \$9 \$18	\$ 0.00
INDEP. CLAIMS	11	MINUS	9	2	x \$43 \$86	\$176.00
Fee for Multiple Dependent claims \$145/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$176.00

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☒ A check in the amount of \$176.00 is enclosed.

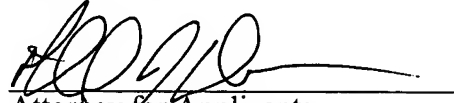
☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.

☐ A check in the amount of \$____ to cover the fee for a ____ month extension is enclosed.

☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicants' undersigned attorney may be reached in our Washington office by telephone at (202) 530-1010. All correspondence should be directed to our address given below.



Attorney for Applicants
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Reg. No. 55,112

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MJD:ksp

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